

Cowan, Liebowitz & Latman, P.C.

Law Offices

1133 Avenue of the Americas • New York, NY 10036-6799

(212) 790-9200 • www.clm.com • Fax (212) 575-0671

RECEIVED
CENTRAL FAX CENTER
JAN 09 2006

FACSIMILE TRANSMITTAL SHEET

TO:	Jong-Suk (James) Lee / Art Unit 3673	FROM:	Todd W. Evans
COMPANY:	United States Patent & Trademark Office	DATE:	January 9, 2006
FAX NUMBER:	(571) 273-8300	TOTAL NO. OF PAGES INCLUDING COVER:	2
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	26974.000
RE:	Power of Attorney and Correspondence Address Indication Form	YOUR REFERENCE NUMBER:	10/825,166

☐ URGENT ☒ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

We are forwarding herewith: Facsimile Transmittal Sheet; Power of Attorney and Correspondence Address Indication Form; in the application of Warren J. Grosjean for AQUATIC WEED SUPPRESSOR, Serial No. 10/825,166 filed April 16, 2004 in Group 3673.

Respectfully submitted,



Todd W. Evans
 Reg. No. 44,101
 Attorney for Applicant

JAN 9 2 18

I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office, on:

January 9, 2006

Todd W. Evans



Signature

January 9, 2006
 Date of Signature

01/09/2006 02:17 FAX

COWAN, LEIBOWITZ & LATMAN
COWAN, LEIBOWITZ & LATMAN

12/14/2005 05:25 FAX

RECEIVED
CENTRAL FAX CENTER002
005

JAN 09 2006

PTO/SB/81 (04-05)

Approved for use through 11/30/2005 OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM

Application Number	10/825,128
Filing Date	April 16, 2004
First Named Inventor	Warren J. Gronjean
Title	Aquatic Weed Suppressor
Art Unit	3873
Examiner Name	Jong-Suk (James) Lee
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint

☒ Practitioners associated with the Customer Number:

32137

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s), to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☐ Firm or Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Warren J. Gronjean</i>	Date	12/14/2005
Name	Warren J. Gronjean	Telephone	(973) 839-6383
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest, or their representatives are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 5 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.